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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <i>10/710 672</i>
Substitute for Form PTO-875					
<i>7/28/04</i> CLAIMS AS FILED - PART I					
(Column 1) (Column 2)					
FOR		NUMBER FILED	NUMBER EXTRA		
BASIC FEE (37 CFR 1.16(a))					
TOTAL CLAIMS (37 CFR 1.16(c))		<i>21</i> minus 20 =	<i>1</i>		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		<i>3</i> minus 3 =	<i>—</i>		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					
* If the difference in column 1 is less than zero, enter "0" in column 2.					
					TOTAL
					OTHER THAN SMALL ENTITY
					OR
					RATE FEE
					<i>\$ 770.</i>
					OR
					X \$ <i>18</i> = <i>18</i> .
					OR
					X \$ <i>—</i> = <i>—</i>
					OR
					+ \$ <i>—</i> = <i>—</i>
					OR
					TOTAL <i>788.</i>
CLAIMS AS AMENDED - PART II					
(Column 1) (Column 2) (Column 3)					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))		*	Minus	**	=
Independent (37 CFR 1.16(b))		*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
					TOTAL ADD'L FEE
					OTHER THAN SMALL ENTITY
					OR
					RATE ADDI- TIONAL FEE
					<i>X \$ <i>—</i> = <i>—</i></i>
					OR
					<i>X \$ <i>—</i> = <i>—</i></i>
					OR
					<i>+ \$ <i>—</i> = <i>—</i></i>
					OR
					TOTAL ADD'L FEE
					AMENDMENT B
(Column 1) (Column 2) (Column 3)					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))		*	Minus	**	=
Independent (37 CFR 1.16(b))		*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
					TOTAL ADD'L FEE
					AMENDMENT C
(Column 1) (Column 2) (Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))		*	Minus	**	=
Independent (37 CFR 1.16(b))		*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
					TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/710 672

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	150.00	OR BASIC FEE	300.00
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL		OR TOTAL	

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	6	Minus	** 21 = —
Independent	1	Minus	*** 3 = —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

EXMR
AMDT.
CANCEL CLAIMS 3, 18-21SMALL ENTITY
OTHER THAN
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	6	Minus	** =
Independent	1	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENTS	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	6	Minus	** =
Independent	1	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 25=		OR X\$50=	
X100=		OR X200=	
+180=		OR +360=	